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EXPRESS MAIL NO. EV449559312US

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# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

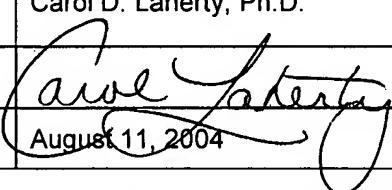
Application Number	10/782,738
Filing Date	February 18, 2004
First Named Inventor	Andreas H. Sarris
Art Unit	1615
Examiner Name	
Attorney Docket No.	480208.401C3

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	<hr/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<hr/>
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		<hr/>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		

## Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Carol D. Laherty, Ph.D.	Customer Number
		00500
Signature		
Date	August 11, 2004	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	SENT VIA EXPRESS MAIL	
Signature	Date:	

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Andreas H. Sarris et al.  
Application No. : 10/782,738  
Filed : February 18, 2004  
For : COMPOSITIONS AND METHODS FOR TREATING  
LYMPHOMA

Art Unit : 1615  
Docket No. : 480208.401C3  
Date : August 11, 2004

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUPPLEMENTAL PRELIMINARY AMENDMENT

Commissioner for Patents:

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.